



Are you over the age of 18? (circle) yes no

Have you ever been convicted of a felony in the past 7 years? (Note: this may be relevant if job-related, but does not bar you from employment): (circle) yes no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Driver's License number (if required by job): \_\_\_\_\_ (State) \_\_\_\_\_ (Class) \_\_\_\_\_

## **EDUCATION AND TRAINING**

High School Attended: \_\_\_\_\_

City

State

Zip

Do you have high school diploma: (circle) yes no

Please list other education you have received:

College/University/Trade Or Business Schools Attended	City/State	Degree Earned? Type of Degree	Major Area Of Study

List other training received (special courses, work training programs, Armed Forces training, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List special qualifications and skills (licenses, skills with machines, patents or inventions, publications, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Voluntary Applicant Profile Survey

Today's Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

(Please list title as it is advertised/posted)

How did you learn of this employment opportunity?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Job Fair          | <input type="checkbox"/> Walk-In          | <input type="checkbox"/> Maury Co. Website   | <input type="checkbox"/> Newspaper Ad  |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> TN Career Center | <input type="checkbox"/> Department of Labor | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Other: _____      |   |  |  |

Race:

- ☐ White (not of Hispanic origin)  
☐ Black or African American  
☐ Hispanic  
☐ Asian or Pacific Islander  
☐ Native American Indian/Alaskan Native  
☐ Other: \_\_\_\_\_

Sex:

- ☐ Male  
☐ Female

*The personal identification information requested in the Voluntary Applicant Profile Survey is voluntary.  
This document will be removed and will not accompany your application when it is reviewed for job eligibility.  
The Voluntary Applicant Profile Survey will be handled separately from other employment related information.*



## PRIOR EMPLOYMENT RECORD

Begin with most recent employer

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State:      Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$      Ending Salary:\$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State:      Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$      Ending Salary:\$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State:      Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$      Ending Salary:\$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: State:      Zip:	City:
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$      Ending Salary:\$	
		Reason for leaving:	

## **REFERENCES**

Please list three persons, other than relatives, who have knowledge of your character and/or abilities:

NAME	MAILING ADDRESS	YEARS KNOWN	PHONE

## **Applicant's Agreement and Certification**

I hear affirm that the information provided on this application (and accompany resume and documents, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that if I am employed by Maury County Government this "Application for Employment" will not constitute a contract of employment; employment is at-will.

I acknowledge that any offer of employment from Maury County Government is conditioned upon undergoing and passing the County's post offer medical examination and drug and alcohol test.

I understand that this position is subject to mandatory direct deposit for payment of wages.

I agree to have Maury County perform reference and background checks as necessary for employment consideration with Maury County Government. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by reference or others whom I have indicated may be contacted.

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(Applicant Signature)

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(Date)

## Maury County Government

Human Resource Department, One Courthouse Square, Columbia, TN 38401 Phone (931)375-2401

### Supplemental Application for Commercial Driver's License (CDL) Positions

Position Applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If at the above residence less than three years, list below all residences for the past three years.

Street:		
City:	State:	Zip:
Street:		
City:	State:	Zip:
Street:		
City:	State:	Zip:

Do you have a CDL? Yes ☐ No ☐

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ☐ No ☐

Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If either answer to above is Yes, give details. \_\_\_\_\_

Please list Driver's Licenses held in the past three years:

Issuing State:	License No:	Class:	Endorsement(s):	Expiration Date:

Driving Experience:

Class of Equipment	Type of Equipment (Van, Reefer, flat, etc)	Dates:		Approximate Total Miles
		From:	To:	
Straight Truck				
Tractor & Semi-trailer				
Tractor – Two trailers				
Other				



List states operated in during last 5 years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards you have received and who presented the awards \_\_\_\_\_

Accident Record for Past 3 Years (if more space needed, attach sheet)

Dates	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the Last 3 Years other than parking violations

Location	Date	Charge	Penalty

**Applicant's Agreement and Certification:**

I hear affirm that the information provided on this application (and accompany resume and documents, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I agree to have Maury County perform reference and background checks as necessary for employment consideration with Maury County Government. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted. I acknowledge that any offer of employment from Maury County Government is conditioned upon undergoing and passing the County's post offer physical examination and drug and alcohol test. I understand that if I am employed by Maury County Government this "application for employment" will not constitute a contract of employment; employment is at-will. I understand that this position is subject to mandatory direct deposit for payment of wages.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Employment Record Continued

The U.S. department of Transportation requires that driver applications show all employment for the past three years. In addition, driver applicants must show all **commercial driver employment** for the seven years immediately preceding this three year period.

Begin with most recent employer

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: City: State: Zip:	
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$ Ending Salary: \$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: City: State: Zip:	
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$ Ending Salary: \$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: City: State: Zip:	
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$ Ending Salary: \$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: City: State: Zip:	
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$ Ending Salary: \$	
		Reason for leaving:	



From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: City: State: Zip:	
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$ Ending Salary:\$	
		Reason for leaving:	

From Mo/Yr	To Mo/Yr	Employer	Phone #
Job Title:		Address: City: State: Zip:	
Immediate Supervisor:		Summarize work performed and job responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting salary: \$ Ending Salary:\$	
		Reason for leaving:	

**Maury County Government**  
**One Courthouse Square, Columbia, TN 38401**  
**Fax 931-375-2419**

**EMPLOYMENT VERIFICATION**

**Applicant's Release**

I hereby authorize the company/employer/school named below to release to Maury County Government by mail, fax, or telephone, the information requested below. I further agree to release and hold harmless the company/employer/school named below and its directors, officers, employees and agents for any information provided.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

.....  
Employer/Driving School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above applicant has applied for employment with Maury County Government. Maury County Government is required by law to make appropriate inquiries about the Applicant's work history. The Applicant's Release (above) authorizes your company/school to provide us with the following:

Dates of Employment/Enrollment: From \_\_\_\_\_ To: \_\_\_\_\_ Full Time ☐ Part time ☐

Position Held: \_\_\_\_\_

Reason for leaving: ☐ Voluntary ☐ Lay-off ☐ Terminated ☐ Graduated/Completed Course

If Terminated, why? \_\_\_\_\_

Eligible for rehire? ☐ Yes ☐ No ☐ N/A Graduated

If no, why? \_\_\_\_\_

Trailer type: ☐ Vans ☐ Flats ☐ Bus ☐ Tank ☐ Tractor/Trailer ☐ Straight Truck ☐ Other \_\_\_\_\_ Trailer Length: \_\_\_\_\_

Area of Operation: ☐ OTR ☐ Short Haul ☐ Local

Commodities Hauled: ☐ General ☐ Lumber ☐ Steel ☐ Coils ☐ Equipment ☐ Refrigerated ☐ Other \_\_\_\_\_ Tarping ☐ Yes ☐ No

Was applicant ever involved in any accidents in your employment? ☐ Yes ☐ No

If yes please explain:

Date	Chargeable Yes/No	Brief Description of Accident

Added Comments: \_\_\_\_\_

Printed Name and Title of Person Providing Information: \_\_\_\_\_

Signature of Person Providing Information: \_\_\_\_\_ Date: \_\_\_\_\_



**Maury County Government**  
**One Courthouse Square, Columbia, TN 38401**  
**Fax 931-375-2419**

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to Maury County Government. I understand that information to be released by my previous employer is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

.....  
To Be Completed By Previous Employer

1. Has this person ever tested positive for controlled substances in the past three years during their employment with your company?      \_\_\_\_ Yes      No \_\_\_\_
2. Has this person ever had a breath alcohol test with a result of 0.04 or greater in the past three years during their employment with your company?      \_\_\_\_ Yes      No \_\_\_\_
3. Has this person ever refused a required test for drugs or alcohol in the past three years during their employment with your company?      \_\_\_\_ Yes      No \_\_\_\_
4. Has this person violated other DOT drug and/or alcohol regulations?      \_\_\_\_ Yes      No \_\_\_\_
5. Have you received information from a previous employer that this person violated DOT drug and/or alcohol regulations?      \_\_\_\_ Yes      No \_\_\_\_

If Applicant tested positive, have they satisfactorily completed all return to duty and follow up testing required by the Substance Abuse Professional, pursuant to 49 C.F.R. 382.605?      \_\_\_\_ Yes      No \_\_\_\_

If Yes to any of the above questions, please release any documentation relating to the completion of the return-to-duty process following a rule violation.

Verification completed by: \_\_\_\_\_

Printed Name

\_\_\_\_\_  
Signature

Title: \_\_\_\_\_

Phone: \_\_\_\_\_